

**Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 01/26/07Address: 330 Jackson Ave.Case #: 16-17066Peru, IN 46970County: Miami**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open -- No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): attached garage  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☒ Yes 2 (number present)  
☐ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☒ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**Fire Department: Peru F.D.Fax: 765-472-5191Health Department: Miami CountyFax: 765-473-6398Child Protection Service: Miami County

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: R.A. BurgessPhone 765-473-6666

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.